	-PURPOSE COMMITTEE N FINANCE REPORT	FORM SPAC COVER SHEET PG 1
	uide explains how to complete this form. 1 ACCOUNT # (Ethics Commission fiers)	2 Tatal pages filed:
COMMITTEE NAM	E BY LIBRARY SPAC	OFFICE USE ONLY
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COMMITTEE ADDRESS Change of Address	ADDRESS / PO BOX APT / SUITE# CITY; STATE: ZIP CODE 816 CONGRESS DUS. NOTA TO 78701 Suine ITO-	06 OCT 200NT COUNT PAVIS COUNT PAVIS COUNT PAVIS COUNT PAVIS COUNTY
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NAME	NICKNAME LAST SLIFFIX	Data Processed
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CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 8/6 (0) 6/2555 ANS. INSTIN MY SUITE 1700	7870,
CAMPAIGN TREASURER'S MAILING ADDRESS Change of Address	STREET OR PO BOX; APT / SUITE & CITY; STATE;	ZIP COOE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (SIY) 247-2351 /~ 476-00-5	
REPORTTYPE	Jeinuary 15 30th day before election Bith city before election Runoff	Exceeded \$500 limit Dissolution (attach PAC-DR) 10th day after compalign treasurer termination
PERIOD COVERED	Month Day Year	Month Day Year
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ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Il / 07 / 0 L Primary	General Special
	GO TO PAGE 2	

Texas Ethics Commis	ssion	P.O. Box 12070	Austin,	Texas	78711-2070	(512) 4	63-5800	1-800-325-850	
SPECIFIC-P PURPOSE A			IITTE	ERE	PORT:	(_	ORM SPAC Sheet pg 2	
12 COMMITTEE NAME	1784	y library	6 PAC				ACCOU (Ethics (NT # Commission filers)	
13 COMMITTEE PÜRPOSE (Attach liets on plain paper to complete this report if necessary.)		CANDIDATE	CANDIDA	TE / OFFK	CEMOLDER NAME			****	
SUPPORT (Candidate of Measure)		CFFICEHOLDER	OFFICE BOUGHT (candidate) / OFFICE HELD (officeholder)						
OPPOSE									
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	2.	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				\$ 52	600.00		
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Signature of Officer adminis	tering oa	h Printed nam	e of officer a	administe	ring oath			Picals, 2008	

	ICAL CONTRIBUTIONS	Texas 78711-207	0 (512) 46	3-5800 1-800-325-88		
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The instruction Guide explains how to complete this form.			1 Total pages Sch	1 Total pages Schedule A:		
2 FILER NAM	tuillian B. Vilcons, Tra	owaen	3 ACCOUNT# (E	thics Commission Rem)		
4 Deta 6 1 \$ 60	5 Full name of contributor Doct-of-case PAC (IDE ELRET CAMPUNITY LIBRAY 6 Contributor address; City; State; Zip Cod	7 Amount of contribution (\$)	g In-kind contribution description (if applicable)			
	pation/Job title (See Instructions)	10 Employer (See in		of Texas, complete Schedule T		
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70[17]0(Contributor address: City, State; Zip Code 8027 CLROY RD DR YALLES TV 78617	_	(If travel outside o	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
Date 14/20/06	Full name of contributor		Amount of contribution (5)	In-kind contribution description (ff applicable)		
	Contributor eddress; City: State: Zip Code 833 CONGRESS AVE., SU AUSTIN TX 78701		•			
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DATE: October 20, 2006

To:					854-9075	
From:					4	
File#:	Elro	y Library	File Name:			
Re:		<u>-</u>				
-	Urgent	□For Review	☐ Please Comm	nent [□ Please Reply	☐ Please Recycle
• Con	nments:					
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